PTO/SB/22 (10-00)

Approved for a cough 10/31/2002. OMB 0651-0031

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 38345-174995

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| MAR 1 8 2003     | 100 |
| PROFILE TRADEMAN |     |

| In re Application of Han Mo KOO et al.   |            |                       |  |  |
|--|------------|-----------------------|--|--|
| Application Number   | 09/942,940 | Filed August 31, 2001 |  |  |
| For INHIBITION OF MITOGEN-ACTIVATED PROTEIN KINASE (MAPK) PATHWAY: A SELECTIVE THERAPEUTIC STRATEGY AGAINST MELANOMA |            |                       |  |  |
| Group Art Unit<br>1614   | Examiner   |                       |  |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. The requested extension and appropriate non-small-entity fee are as follows

| check  | time p  | enod desired):  |                  |  |  |
|--------|---|---|------------------|--|--|
|        |   | One month (37 CFR 1.17(a)(1))   | \$               |  |  |
|        | $\boxtimes$   | Two months (37 CFR 1.17(a)(2))  | \$ <u>410.00</u> |  |  |
|        |   | Three months (37 CFR 1.17(a)(3))  | \$               |  |  |
|        |   | Four months (37 CFR 1.17(a)(4))   | \$               |  |  |
|        |   | Five months (37 CFR 1.17(a)(5))   | \$               |  |  |
|        | above is reduced by one-half, and the resulting fee is: \$ 205.00 .  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account. |   |                  |  |  |
| am the | The Cor cre   | commissioner is hereby authorized to charge any fees which may be required to any overpayment, to Deposit Account Number 22-0261.  The enclosed a duplicate copy of this sheet.  Policant/inventor. | MAR              |  |  |
| am uic | ᅟᅟ  | pilican universitor.  | 2                |  |  |

|          | The Commissioner is hereby authorized to charge any lees which may be |
|----------|---|
|          | or credit any overpayment, to Deposit Account Number 22-0261 .        |
|          | I have enclosed a duplicate copy of this sheet.                       |
| I am the | ☐ applicant/inventor.   |
|          | ☐ assignee of record of the entire interest. See 37 CFR 3.71          |
|          | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).         |
|          | attorney or agent of record.  |
|          | ☑ attorney or agent under 37 CFR 1.34(a).                             |

Registration number if acting under 37 CFR 1.34(a). 33,949 .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 18, 2003 Signature Date

03/21/2003 HVUDNQ1 00000092 09942940

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205.00 OP

Shmuel Livnat Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

